PTO/SB/21 (09-04) Approved for use through 07/31/2006. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE perwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Application Number 10/029,173 Filing Date TRANSMITTAL December 28, 2001 First Named Inventor **FORM** Watson et al. Art Unit 2181 **Examiner Name** Hamza Not you socia (to be used for all correspondence after initial filing) Attorney Docket Number 20009.0063US01 (BS01-325) Total Number of Pages in This Submission **ENCLOSURES** (Check all that apply) After Allowance Communication to TC Fee Transmittal Form Drawing(s) Appeal Communication to Board Licensing-related Papers Fee Attached of Appeals and Interferences Appeal Communication to TC Petition (Appeal Notice, Brief, Reply Brief) Amendment/Reply Petition to Convert to a Proprietary Information After Final **Provisional Application** Power of Attorney, Revocation Status Letter Change of Correspondence Address Affidavits/declaration(s) Other Enclosure(s) (please Identify **Terminal Disclaimer Extension of Time Request** below): Return Postcard Request for Refund **Express Abandonment Request** Check in the amount of \$650.00 for additional claims. CD, Number of CD(s) Information Disclosure Statement Landscape Table on CD Certified Copy of Priority Remarks Document(s) Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Name WITHERS & KEYS, LLC Signature Printed name Jeramie J. Keys Date Reg. No. 42,724 June 21, 2005

## CERTIFICATE OF TRANSMISSION/MAILING I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below: Signature Typed or printed name Jeramie J. Keys Date June 21, 2005

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PTO/SB/17 (12-04)
Approved for use through 07/31/2006. OMB 0651-0032

Date June 21, 2005

FEE TRANSMITTAL FOR FY 2005    Applicant claims small entity status. See 37 CFR 1.27   Applicant claims small entity status. See 37 CFR 1.27   TOTAL AMOUNT OF PAYMENT   (\$) 650.00   Attorney Docket No. 20009 0063US01 (BS01-325)   Applicant claims small entity status. See 37 CFR 1.27   TOTAL AMOUNT OF PAYMENT   (\$) 650.00   Attorney Docket No. 20009 0063US01 (BS01-325)   METHOD OF PAYMENT (check all that apply)   Check	Under Paperwork Reduction Act of 1995, no persons are required to res				U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE should to a collection of information unless it displays a valid OMB control number				
FEE TRANSMITTAL For FY 2005  Applicant claims small entity status. See 37 CFR 1.27  TOTAL AMOUNT OF PAYMENT  (\$) 650.00  METHOD OF PAYMENT (check all that apply)  Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account, the Director is hereby authorized to (check all that apply)  Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account, the Director is hereby authorized to (check all that apply)  Charge fee(s) indicated below Charge fee(s) indicated below, except for the filling foo Charge fee(s) indicated below, except for the filling foo Charge fee(s) indicated below individual feet(s) or underpayments of fee(s) Credit any overpayments  WARRING: Information and subtorization on PTO-2038.  FEE CALCULATION  1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SEARCH FEES Application Type Fee (5) Fee	Effective on 12/08/2004.								
Applicant claims small entity status. See 37 CFR 1.27   TOTAL AMOUNT OF PAYMENT   (\$) 650.00	FEE TRANSMITTAL For FY 2005								
Applicant claims small entity status. See 37 CFR 1.27  TOTAL AMOUNT OF PAYMENT  (S) 650.00  METHOD OF PAYMENT  (S) 650.00  MOney Order  None  Other (please identify):  Deposit Account Deposit Account Number.  Deposit Account Number.  For the above-identified deposit account, the Director is hereby authorized to clicheck all that apply)  Charge fee(s) indicated below  Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filing fee(s)  Credit any overpayments  Small Entity  Fee (s) Fee (s) Esse(s)  Fee (s) Fee (s) Esse(s)  Fee (s) Fee (s) Esse(s)  Fee (s) Fee (s) Fee (s)  Fee (s) Fee (s) Fee (s)  Fee (s) Fee (s)  Fee					Filing Date	D	December 28, 2001		
Applicant claims small entity status. See 37 CFR 1.27   TOTAL AMOUNT OF PAYMENT   (\$) 650.00					First Named In	ventor V	Watson et al.		
METHOD OF PAYMENT (check all that apply)					Examiner Nam	r Name Hamza			
METHOD OF PAYMENT (check all that apply)    Check	Applicant claims small entity status. See 37 CFR 1.27				Art Unit	2	2181		
Check	TOTAL AMOUNT		Attorney Docke	et No. 2	20009.0063US01 (BS01-325)				
Deposit Account Number.  Deposit Account Number.  For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  Charge fee(s) indicated below	METHOD OF PAYMENT (check all that apply)								
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)    Charge fee(s) indicated below   Charge fee(s) indicated below, except for the filling foe	Check Credit Card Money Order None Other (please identify):								
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)    Charge fee(s) indicated below   Charge fee(s) indicated below, except for the filling fee	言 · · · · · · · · · · · · · · · · · · ·								
Charge any additional fee(s) or underpayments of fee(s)	For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)								
Charge any additional fee(s) or underpayments of fee(s)	Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee								
Under 37 CFR 1.16 and 1.17									
Total Claims   Extra Claims   Fee (\$)   Fee	lundor 27 CED 4.16 and 4.17								
Telephone 678-565-4748   Telephone 678-565-4	information and authorization on PTO-2038.								
Filling FEES   Fee (\$)	FEE CALCULATION								
Application Type	1. BASIC FILING, SEARCH, AND EXAMINATION FEES								
Name		FIL							
Design 200 100 100 50 130 65  Plant 200 100 300 150 160 80  Reissue 300 150 500 250 600 300  Provisional 200 100 0 0 0 0 0 0  2. EXCESS CLAIM FEES  Fee Description  Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 50 25  Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent 200 100  Multiple dependent claims  Total Claims  Total Claims  30 20 or HP = 9 x 50.00	Application T	ype <u>Fee</u>				Fee (\$)		Fees Paid (\$)	
Plant 200 100 300 150 160 80  Reissue 300 150 500 250 600 300  Provisional 200 100 0 0 0 0 0 0  2. EXCESS CLAIM FEES  Fee Description  Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 50 25  Each independent claims over 3 or, for Reissues, each independent claim more than in the original patent 200 100  Multiple dependent claims  Total Claims  Total Claims  30 20 or HP = 9 x 50.00 = Fee (\$)	Utility	30	0 150	500	250	200	100		
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Provisional 200 100 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Plant	20	0 100	300	150	160	80		
2. EXCESS CLAIM FEES  Fee Description  Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent  Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent  Extra Claims  Total Claims  Total Claims  Total Claims  Total Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  HP = highest number of total claims paid for, if greater than 20  Indep. Claims  Extra Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  HP = highest number of independent claims paid for, if greater than 3  3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof  Fee (\$)  Fee Paid (\$)  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof  Fee (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Total Sheets  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Total Sheets  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Total Sheets  Fee Paid (\$)  Total Sheets  Fee Paid (\$)	Reissue	30	0 150	500	250	600	300		
Fee Description  Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent  Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent  Each independent claims  Total Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  HP = highest number of total claims paid for, if greater than 20  Indep. Claims  Solution  Extra Claims  Fee (\$)  Fee Paid (\$)  Fe			0 100	0	0	0	0		
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent  Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent  Multiple dependent claims  Total Claims  Extra Claims  Several Signature  Fee (\$) Fee Paid (\$)  HP = highest number of total claims paid for, if greater than 20  Indep. Claims  Extra Claims Fee (\$) Fee Paid (\$)  HP = highest number of independent claims paid for, if greater than 3  APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity)  for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof  (round up to a whole number)  Fee (\$) Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Telephone 678-565-4748  Registration No. 42 724  Telephone 678-565-4748									
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent 200 100 360 180  Multiple dependent claims  Total Claims  See (\$) Fee Paid (\$) Multiple Dependent Claims  Fee (\$) Fee Paid (\$) Fee Paid (\$)  HP = highest number of total claims paid for, if greater than 20 100 100 100 100 100 100 100 100 100	Fee Description								
Multiple dependent claims  Total Claims  Substitute 1	Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent 200 100								
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HP = highest number of independent claims paid for, if greater than 3  3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof  (round up to a whole number) x  Fee (\$)  Fee Paid (\$)  Fees Paid (\$)  Other:  SUBMITTED BY  Registration No. 42 724  Telephone 678-565-4748	Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)								
3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity)  for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof  (round up to a whole number) x  Fee (\$)  Fees Paid (\$)  Non-English Specification, \$130 fee (no small entity discount)  Other:  SUBMITTED BY  Registration No. 42 724  Telephone 678-565-4748	1 J - J O I I I - 1								
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity)  for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof  - 100 = /50 = (round up to a whole number) x =  4. OTHER FEE(S)  Non-English Specification, \$130 fee (no small entity discount)  Other:  SUBMITTED BY  Registration No. 42 724  Telephone 678-565-4748	3 APPLICATION SIZE FEE								
Total Sheets Extra Sheets   Number of each additional 50 or fraction thereof   Fee (\$)   Fee Paid (\$)    4. OTHER FEE(S)   Non-English Specification, \$130 fee (no small entity discount)   Other:   Submitted by   Registration No. 42 724   Telephone 678-565-4748	If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity)								
- 100 = / 50 = (round up to a whole number) x =  4. OTHER FEE(S)  Non-English Specification, \$130 fee (no small entity discount)  Other:  SUBMITTED BY  Registration No. 42 724  Telephone 678-565-4748	for each additional 50 sheets or fraction thereof. See 33 U.S.C. 41(a)(1)(0) and 37 CFR 1.10(5).  The Sheets Fee Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)								
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Non-English Specification, \$130 fee (no small entity discount)  Other:  SUBMITTED BY  Registration No. 42 724  Telephone 678-565-4748	4 OTHER FEE							Fees Paid (\$)	
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	Signature	//	- 7	40	Registration No	42,724	Teleph	one 678-565-4748	

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Name (Print/Type) Jeramie J. Keys